MANORCARE HEALTH SERVICES-WEST

1760 SHAWANO AVENUE

GREEN BAY	54303	Phone: (920) 499-5191	L	Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Con	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	affed (12/31/05):	105	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/05):	105	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on 12/31	/05:	89	Average Daily Census:	98

Age, Gender, and Primary Diagnosis	Length of Stay (12/31/05)				
Primary Diagnosis	%	Age Groups 	* 	   Less Than 1 Year   1 - 4 Years	52.8 39.3
Developmental Disabilities	1.1	Under 65	5.6	More Than 4 Years	7.9
Mental Illness (Org./Psy)	41.6	65 - 74	10.1		
Mental Illness (Other)	1.1	75 - 84	38.2		100.0
Alcohol & Other Drug Abuse	1.1	85 - 94	40.4		
Para-, Quadra-, Hemiplegic	0.0	95 & Over	5.6	Full-Time Equivalent	
Cancer	0.0			Nursing Staff per 100 Resid	lents
Fractures	7.9	İ	100.0	(12/31/05)	
Cardiovascular	11.2	65 & Over	94.4		
Cerebrovascular	7.9			RNs	11.9
Diabetes	0.0	Gender	%	LPNs	9.1
Respiratory	3.4			Nursing Assistants,	
Other Medical Conditions	24.7	Male	23.6	Aides, & Orderlies	48.3
		Female	76.4	İ	
	100.0	İ		İ	
		İ	100.0		

## Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	2		amily Care			Managed Care	Į		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	3	7.0	133	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	3.4
Skilled Care	21	100.0	349	40	93.0	115	2	100.0	115	20	100.0	187	0	0.0	0	3	100.0	251	86	96.6
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	21	100.0		43	100.0		2	100.0		20	100.0		0	0.0		3	100.0		89	100.0

MANORCARE HEALTH SERVICES-WEST

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Admissions, Discharges, and	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/05										
Deaths During Reporting Period											
					% Needing		Total				
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of				
Private Home/No Home Health	1.5	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents				
Private Home/With Home Health	0.0	Bathing	0.0		80.9	19.1	89				
Other Nursing Homes	1.5	Dressing	4.5		84.3	11.2	89				
Acute Care Hospitals	96.3	Transferring	24.7		60.7	14.6	89				
Psych. HospMR/DD Facilities	0.4	Toilet Use	18.0		57.3	24.7	89				
Rehabilitation Hospitals	0.0	Eating	51.7		36.0	12.4	89				
Other Locations 0		*********************************									
Total Number of Admissions	271	Continence		8	Special Treatm	nents	%				
Percent Discharges To:		Indwelling Or Extern	nal Catheter	7.9	Receiving Re	espiratory Care	9.0				
Private Home/No Home Health	44.7	Occ/Freq. Incontine	nt of Bladder	47.2	Receiving Tr	acheostomy Care	0.0				
Private Home/With Home Health	21.5	Occ/Freq. Incontine	nt of Bowel	30.3	Receiving Su	actioning	0.0				
Other Nursing Homes	1.4				Receiving Os	stomy Care	4.5				
Acute Care Hospitals	15.5	Mobility			Receiving Tu	ıbe Feeding	3.4				
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	2.2	Receiving Me	chanically Altered Diets	30.3				
Rehabilitation Hospitals	0.7										
Other Locations	0.0	Skin Care			Other Resident	Characteristics					
Deaths	6.3	With Pressure Sores		7.9	Have Advance	Directives	65.2				
Total Number of Discharges		With Rashes		5.6	Medications						
(Including Deaths)	284	ĺ			Receiving Ps	sychoactive Drugs	60.7				
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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:				
	This	Proj	prietary	100	-199	Ski	lled	Al	1		
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities		
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	93.3	85.8	1.09	90.1	1.04	88.8	1.05	88.1	1.06		
Current Residents from In-County	82.0	81.3	1.01	84.9	0.97	83.2	0.99	77.6	1.06		
Admissions from In-County, Still Residing	16.6	16.8	0.99	18.1	0.92	18.7	0.89	18.1	0.92		
Admissions/Average Daily Census	276.5	216.2	1.28	188.0	1.47	177.7	1.56	162.3	1.70		
Discharges/Average Daily Census	289.8	217.8	1.33	191.1	1.52	179.2	1.62	165.1	1.75		
Discharges To Private Residence/Average Daily Census	191.8	100.9	1.90	87.1	2.20	83.4	2.30	74.8	2.56		
Residents Receiving Skilled Care	100	97.2	1.03	96.6	1.04	96.3	1.04	92.1	1.09		
Residents Aged 65 and Older	94.4	91.5	1.03	90.0	1.05	91.3	1.03	88.4	1.07		
Title 19 (Medicaid) Funded Residents	48.3	61.7	0.78	62.3	0.78	61.8	0.78	65.3	0.74		
Private Pay Funded Residents	22.5	19.4	1.16	20.8	1.08	22.5	1.00	20.2	1.11		
Developmentally Disabled Residents	1.1	0.9	1.29	0.9	1.19	1.1	1.02	5.0	0.23		
Mentally Ill Residents	42.7	28.9	1.48	34.5	1.24	34.8	1.23	32.9	1.30		
General Medical Service Residents	24.7	23.7	1.04	22.0	1.12	23.0	1.07	22.8	1.09		
Impaired ADL (Mean)	48.5	47.9	1.01	48.8	0.99	48.4	1.00	49.2	0.99		
Psychological Problems	60.7	59.1	1.03	59.9	1.01	59.5	1.02	58.5	1.04		
Nursing Care Required (Mean)	7.6	7.1	1.07	7.3	1.05	7.2	1.05	7.4	1.02		